

**APPLICATION DATA SHEET****Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: BLOOD BAG SYSTEM AND METHOD OF  
INACTIVATING PATHOGENIC  
MICROORGANISMS

Attorney Docket Number:: 029650-152

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Kenichi

Middle Name::

Family Name:: SATO

Name Suffix::

City of Residence::

State or Province of Residence:: Kanagawa

Country of Residence:: Japan

Street of Mailing Address:: c/o Terumo Kabushiki Kaisha 1500, Inokuchi,  
Nakai-machi

City of Mailing Address:: Ashigarakami-gun

State or Province of Mailing  
Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 259-0151

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Toshiki

Middle Name::

Family Name:: KAMEYAMA

Name Suffix::

City of Residence::

State or Province of Residence:: Kanagawa

Country of Residence:: Japan

Street of Mailing Address:: c/o Terumo Kabushiki Kaisha 1500, Inokuchi,  
Nakai-machi

City of Mailing Address:: Ashigarakami-gun

State or Province of Mailing Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 259-0151

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

**Representative Customer Number::** 21839

## **Domestic Priority Information**

|                      |                          |  |
|----------------------|--------------------------|--|
| <b>Application::</b> | <b>Continuity Type::</b> | <b>Parent Application:: Parent Filing Date::</b> |
|----------------------|--------------------------|--|

|                  |                   |                |          |
|------------------|-------------------|----------------|----------|
| This Application | National Stage of | PCT/JP02/13687 | 12/26/02 |
|------------------|-------------------|----------------|----------|

## **Foreign Priority Information**

|                  |                             |                      |                           |
|------------------|-----------------------------|----------------------|---------------------------|
| <b>Country::</b> | <b>Application Number::</b> | <b>Filing Date::</b> | <b>Priority Claimed::</b> |
|------------------|-----------------------------|----------------------|---------------------------|

|       |             |          |     |
|-------|-------------|----------|-----|
| Japan | 2001-400979 | 12/28/01 | Yes |
|-------|-------------|----------|-----|

## **Assignee Information**

**Assignee Name::** Terumo Kabushiki Kaisha

**Street of Mailing Address::** 44-1, Hatagaya 2-chome

**City of Mailing Address::** Shibuya-ku

**State or Province of Mailing Address::** Tokyo

**Country of Mailing Address::** Japan

**Postal or Zip Code of Mailing Address::**